|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | AGING AND LONG-TERM SUPPORT ADMINISTRATION  **Case Manager Instructions**  **Following a Hearing Decision** | | | | | | | |  | |
| DATE | |
| To: , CM | | | | | | cc**:** , CM Supervisor | | | | |
| From: , AHC | | | | | | | | | | |
| Docket Number: | | | | | | | | | | |
|  | | | | | | | | | | |
| APPELLANT  CLIENT | | | DATE OF ORDER | | | **Continued Benefits** | | | | |
| TYPE OF ORDER  Initial (OAH)  Final (BOA) | | | RESULT  Affirmed  Reversed  Modified | | | RECEIVED  Yes  No | | PROCESS CLIENT OVERPAYMENT  Yes  No  Dates: | | |
| ACTION REQUIRED BY CM (E.G., INCREASE HOURS FROM 151 TO 158) | | | | | | | | | | |
| EFFECTIVE DATE OF ACTION (E.G., NEW HOURS EFFECTIVE JUNE 5, 2019) | | | | | | | | | | |
| **CARE Assessment Specific Instructions** | | | | | | | | | | |
| Interim CARE Assessment required:  Yes  No  Interim CARE Assessment Specific Instructions:   * Document in the main screen of the interim assessment (under reason for assessment) that the interim was completed pursuant to the Administrative Hearing Order dated: . * Document the same information in SER. | | | | | | | | | | |
| **Eligibility and Hours (only mark changes)** | | | | | | | | | | |
| **ADL scoring and assistance available:** | | | | | | | | | | |
| ADLs | | **Self-Performance** | | | | | **Assistance Available** | | | |
| From | | To | | | From | | | To |
| Bed mobility | |  | |  | | |  | | |  |
| Transfer | |  | |  | | |  | | |  |
| Dressing | |  | |  | | |  | | |  |
| Eating | |  | |  | | |  | | |  |
| Personal hygiene | |  | |  | | |  | | |  |
| Toileting | |  | |  | | |  | | |  |
| Walk in room | |  | |  | | |  | | |  |
| Locomotion in room | |  | |  | | |  | | |  |
| Locomotion outside of room | |  | |  | | |  | | |  |
| Mood and behavior: | | | | | | | | | | |
| Clinical complexity: | | | | | | | | | | |
| CPS score (decision-making, ability to make self understood, short-term memory, totally dependent with eating, comatose): | | | | | | | | | | |
| Exceptional care: | | | | | | | | | | |
| **IADL Status and Assistance Available (mark only changes)** | | | | | | | | | | |
| IADLs | | **Status** | | | | | **Assistance Available** | | | |
| From | | | To | | From | | | To |
| Meal preparation | |  | | |  | |  | | |  |
| Essential shopping | |  | | |  | |  | | |  |
| Housework | |  | | |  | |  | | |  |
| Other: | | | | | | | | | | |
| This results in classification group  with  hours. | | | | | | | | | | |
| **Client or Provider Overpayment Instructions** | | | | | | | | | | |
| Document in the SER that the changes are completed pursuant to the Administrative Hearing Order dated: . | | | | | | | | | | |
| Overpayment instructions: | | | | | | | | | | |
| **Other or additional comments** | | | | | | | | | | |
|  | | | | | | | | | | |